

Fill in this information to identify the case:

Debtor name Eveready Services, Inc.

United States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXAS

Case number (if known) 20-30225

Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- Schedule A/B: Assets–Real and Personal Property* (Official Form 206A/B)
- Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- Schedule H: Codebtors* (Official Form 206H)
- Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- Amended Schedule*
- Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- Other document that requires a declaration _____

I declare under penalty of perjury that the foregoing is true and correct.

Executed on February 20, 2020

X /s/ Allan Hayslip

Signature of individual signing on behalf of debtor

Allan Hayslip

Printed name

President

Position or relationship to debtor

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United States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXAS

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**Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals**

12/15

Part 1: Summary of Assets

1. Schedule A/B: Assets-Real and Personal Property (Official Form 206A/B)

1a. Real property:

Copy line 88 from *Schedule A/B*..... \$ 0.00

1b. Total personal property:

Copy line 91A from *Schedule A/B*..... \$ 147,660.00

1c. Total of all property:

Copy line 92 from *Schedule A/B*..... \$ 147,660.00

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ 0.00

3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)

3a. Total claim amounts of priority unsecured claims:

Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ 1,157,169.79

3b. Total amount of claims of nonpriority amount of unsecured claims:

Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ 493,620.48

4. Total liabilities

Lines 2 + 3a + 3b

\$ 1,650,790.27

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United States Bankruptcy Court for the: **NORTHERN DISTRICT OF TEXAS**

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Official Form 206A/B

Schedule A/B: Assets - Real and Personal Property

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Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents

1. Does the debtor have any cash or cash equivalents?

No. Go to Part 2.

Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

3. Checking, savings, money market, or financial brokerage accounts (*Identify all*)

Name of institution (bank or brokerage firm) Type of account

Last 4 digits of account number

3.1. PLAINS CAPITAL BANK	Checking	9606	\$5,551.43
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3.2. PLAINS CAPITAL BANK	Checking	7046	\$160.46
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3.3. CHASE BANK OF TEXAS	Checking	6465	\$25.37
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4. Other cash equivalents (*Identify all*)

5. Total of Part 1.

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$5,737.26

Part 2: Deposits and Prepayments

6. Does the debtor have any deposits or prepayments?

No. Go to Part 3.

Yes Fill in the information below.

Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

Debtor Eveready Services, Inc.
Name _____

Case number (*If known*) 20-30225

No. Go to Part 4.
 Yes Fill in the information below.

11. **Accounts receivable**

11a. 90 days old or less:	<u>76,922.74</u>	-	<u>0.00</u>	=	<u>\$76,922.74</u>
	face amount		doubtful or uncollectible accounts		

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$76,922.74

Part 4: **Investments**

13. Does the debtor own any investments?

No. Go to Part 5.
 Yes Fill in the information below.

Part 5: **Inventory, excluding agriculture assets**

18. Does the debtor own any inventory (excluding agriculture assets)?

No. Go to Part 6.
 Yes Fill in the information below.

Part 6: **Farming and fishing-related assets (other than titled motor vehicles and land)**

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

No. Go to Part 7.
 Yes Fill in the information below.

Part 7: **Office furniture, fixtures, and equipment; and collectibles**

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

No. Go to Part 8.
 Yes Fill in the information below.

Part 8: **Machinery, equipment, and vehicles**

46. Does the debtor own or lease any machinery, equipment, or vehicles?

No. Go to Part 9.
 Yes Fill in the information below.

General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
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47. **Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles**

47.1. BOX TRUCK, MITSUBISHI FUSO FM260, VIN. JL6DGM1E05K009749, (2005), 24' SUPREME VAN BODY, GYM FL50R, WOOD SLAT WALLS, HYDRAULIC LIFT GATE, CO., 193,172 MILES, #E749,	<u>\$0.00</u>	<u>\$12,000.00</u>
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Debtor	Eveready Services, Inc. Name	Case number (<i>If known</i>)	20-30225
47.2.	BOX TRUCK, MITSUBISHI FUSO FM260, VIN. JL6DEM1E04K008296, (2004), 24' SUPREME VAN BODY, GYM FLOOR, WOOD SLAT WALLS, HYDRAULIC LIFT GATE, CO., 188,475 MILES, #E296	\$0.00	\$10,000.00
47.3.	BOX TRUCK, MITSUBISHI FUSO FM260, VIN. JL6DHM1E07K007029, (2007), 24' SUPREME VAN BODY, GYM FLOOR, WOOD SLAT WALLS, HYDRAULIC LIFT GATE, CO., 179,464 MILES, #E029,	\$0.00	\$13,500.00
47.4.	BOX TRUCK, MITSUBISHI FUSO FH-SP, VIN. JL6CCJ1G44K008089, (2004), 20' SUPREME VAN BODY, GYM FLOOR, WOOD SLAT WALLS, HYDRAULIC LIFT GATE, CO., 127,762 MILES, #E089,	\$0.00	\$8,000.00
47.5.	BOX TRUCK, MITSUBISHI FUSO FM260, VIN. JL6DHM1E97K004212, (2007), 24' SUPREME VAN BODY, GYM FLOOR, WOOD SLAT WALLS, HYDRAULIC LIFT GATE, 235,839 MILES, CO. #E212,	\$0.00	\$13,500.00
47.6.	BOX TRUCK, MITSUBISHI FUSO FH-SP, VIN. JL6CCJ1G04K000605, (2004), 20' SUPREME VAN BODY, GYM FLOOR, WOOD SLAT WALLS, HYDRAULIC LIFT GATE, CO., 126,713 MILES, #E605,	\$0.00	\$8,000.00
48.	Watercraft, trailers, motors, and related accessories Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels		
49.	Aircraft and accessories		
50.	Other machinery, fixtures, and equipment (excluding farm machinery and equipment)		
51.	Total of Part 8.		\$65,000.00
	Add lines 47 through 50. Copy the total to line 87.		
52.	Is a depreciation schedule available for any of the property listed in Part 8?		
	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		
53.	Has any of the property listed in Part 8 been appraised by a professional within the last year?		
	<input checked="" type="checkbox"/> No		
	<input type="checkbox"/> Yes		

Part 9: Real property

54. Does the debtor own or lease any real property?

- No. Go to Part 10.
- Yes Fill in the information below.

Debtor Eveready Services, Inc.
Name _____

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Part 10: Intangibles and intellectual property

59. Does the debtor have any interests in intangibles or intellectual property?

No. Go to Part 11.
 Yes Fill in the information below.

Part 11: All other assets

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

No. Go to Part 12.
 Yes Fill in the information below.

Debtor Eveready Services, Inc.
Name _____

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Part 12: **Summary**

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	<u>\$5,737.26</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$0.00</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$76,922.74</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$0.00</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$0.00</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$65,000.00</u>	
88. Real property. <i>Copy line 56, Part 9.....></i>		<u>\$0.00</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	<u>\$0.00</u>	
91. Total. Add lines 80 through 90 for each column	<u>\$147,660.00</u>	+ 91b. <u>\$0.00</u>
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		<u>\$147,660.00</u>

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Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
 Yes. Fill in all of the information below.

Fill in this information to identify the case:

Debtor name **Eveready Services, Inc.**United States Bankruptcy Court for the: **NORTHERN DISTRICT OF TEXAS**Case number (if known) **20-30225** Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims****12/15**

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

 No. Go to Part 2. Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

		Total claim	Priority amount
2.1	Priority creditor's name and mailing address DALLAS COUNTY TAX OFFICE JOHN R AMES, CTA PO BOX 139066 DALLAS, TX 75313-9066	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$6,559.97 \$6,559.97
	Date or dates debt was incurred	Basis for the claim:	
	Last 4 digits of account number 2500 Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
2.2	Priority creditor's name and mailing address Internal Revenue Service 1100 Commerce St., 5024 DAL Dallas, TX 75242	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$551,932.63 \$0.00
	Date or dates debt was incurred	Basis for the claim: 941 liabilities	
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

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2.3	<p>Priority creditor's name and mailing address Internal Revenue Service 1100 Commerce St., 5024 DAL Dallas, TX 75242</p>	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$598,677.19 \$6,741.81
	Date or dates debt was incurred		
	Last 4 digits of account number	Basis for the claim: 941Penalties and interest 2012-2016	
	Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

		Amount of claim	
3.1	<p>Nonpriority creditor's name and mailing address AT&T U-VERSE AT&T HEADQUARTERS 208 S. AKARD ST Dallas, TX 75202</p> <p>Date(s) debt was incurred __</p> <p>Last 4 digits of account number <u>2258</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: __</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$108.76
3.2	<p>Nonpriority creditor's name and mailing address ATMOS ENERGY PO Box 650205 Dallas, TX 75265-0205</p> <p>Date(s) debt was incurred __</p> <p>Last 4 digits of account number <u>8204</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: __</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$1,293.58
3.3	<p>Nonpriority creditor's name and mailing address Bank of America Business Card PO Box 15710 Wilmington, DE 19886-5710</p> <p>Date(s) debt was incurred __</p> <p>Last 4 digits of account number <u>2528</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: __</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$19,628.28
3.4	<p>Nonpriority creditor's name and mailing address BANKDIRECT CAPITAL FINANCE 150 North Field Drive, Ste. 190 Lake Forest, IL 60045</p> <p>Date(s) debt was incurred __</p> <p>Last 4 digits of account number <u>1685</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: __</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$3,463.40
3.5	<p>Nonpriority creditor's name and mailing address Brinks Home Security Dept. CH 8628 Palatine, IL 60055-8628</p> <p>Date(s) debt was incurred __</p> <p>Last 4 digits of account number <u>3670</u></p>	<p>As of the petition filing date, the claim is: <i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Basis for the claim: __</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	\$79.63

Debtor	Eveready Services, Inc. Name	Case number (if known)	20-30225
3.6	Nonpriority creditor's name and mailing address Chase Business P.O. Box 659732 San Antonio, TX 78265 Date(s) debt was incurred __ Last 4 digits of account number <u>4920</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$29,798.64
3.7	Nonpriority creditor's name and mailing address CHASE BUSINESS REVOLVING CREDIT PO Box 94014 Chicago, IL 60680-6026 Date(s) debt was incurred __ Last 4 digits of account number <u>4920</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$698.71
3.8	Nonpriority creditor's name and mailing address Chase Ink PO Box 94014 Palatine, IL 60094 Date(s) debt was incurred __ Last 4 digits of account number <u>1959</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,738.63
3.9	Nonpriority creditor's name and mailing address CITIBUSINESS AADVANTAGE CARD PO BOX 78045 PHOENIX, AZ 85062-8045 Date(s) debt was incurred __ Last 4 digits of account number <u>4223</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$17,364.32
3.10	Nonpriority creditor's name and mailing address CITIBUSINESS PLATINUM SELECT VISA P.O. Box 6500 Sioux Falls, SD 57117 Date(s) debt was incurred __ Last 4 digits of account number <u>0472</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,806.61
3.11	Nonpriority creditor's name and mailing address COURTESY BUILDING SERVICES INC. 2154 W Northwest Hwy STE 214 Dallas, TX 75220-4220 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$286.86
3.12	Nonpriority creditor's name and mailing address Courtesy Building Services, Inc. 2154 W. Northwest Highway, Suite 214 Dallas, TX 75220-4220 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$358.55

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3.13	Nonpriority creditor's name and mailing address Dave The Printer 2338 Irving Blvd. Dallas, TX 75207-6002	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$885.70
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.14	Nonpriority creditor's name and mailing address FedEx P.O. Box 660481 Dallas, TE 75266-0481	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$177.70
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number <u>0108</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.15	Nonpriority creditor's name and mailing address Fleet Clean Systems, Inc. 2251 Sarno Rd. Melbourne., FL 32935	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$309.51
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.16	Nonpriority creditor's name and mailing address FW Fleet Clean, LLC. 478 N. Babcock Street Melbourne., FL 32935	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$567.85
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.17	Nonpriority creditor's name and mailing address GIJV TX 1, LLC 2 POST ROAD WEST Westport, CT 06880	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$19,862.37
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number <u>0442</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.18	Nonpriority creditor's name and mailing address Hanover Insurance Co. P.O. Box 580045 Charlotte, NC 28258-0045	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$1,656.00
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number <u>1000</u>	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
3.19	Nonpriority creditor's name and mailing address Hayslip Design Associates 2604 Fairmount Street Dallas, TX 75201	As of the petition filing date, the claim is: <i>Check all that apply.</i>	\$154,504.62
		<input type="checkbox"/> Contingent	
		<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Date(s) debt was incurred _____	Basis for the claim: _____	
	Last 4 digits of account number _____	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	

Debtor	Eveready Services, Inc. Name	Case number (if known)	20-30225
3.20	Nonpriority creditor's name and mailing address Hayslip, Victor Allan 3809 Parry Ave, Apt 301 Dallas, TX 75226 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$65,797.25
3.21	Nonpriority creditor's name and mailing address Humana Insurance Co. P.O. Box 3024 Milwaukee, WI 53201-3024 Date(s) debt was incurred _____ Last 4 digits of account number <u>8001</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$525.58
3.22	Nonpriority creditor's name and mailing address NEW BENEFITS, LTD. PO Box 803475 Dallas, TE 75380 Date(s) debt was incurred _____ Last 4 digits of account number <u>4348</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$105.00
3.23	Nonpriority creditor's name and mailing address NTTA Customer Servcie Center & Administration 5900 West Plano Parkway Plano, TX 75093 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2.20
3.24	Nonpriority creditor's name and mailing address Our Energy 17154 Buttle Creek Rd Houston, TX 77090 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$944.76
3.25	Nonpriority creditor's name and mailing address PENSKE TRUCK LEASING PO BOX 802577 CHICAGO, IL 60680-2577 Date(s) debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$84.63
3.26	Nonpriority creditor's name and mailing address PITNEY BOWES PO BOX 371887 PITTSBURGH, PA 15250-7887 Date(s) debt was incurred _____ Last 4 digits of account number <u>1359</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$149.23

Debtor	Eveready Services, Inc. Name	Case number (if known)	20-30225
3.27	Nonpriority creditor's name and mailing address Protex Service, Inc. 1915 N. Haskell Ave. Dallas, TX 75204-4298 Date(s) debt was incurred __ Last 4 digits of account number <u>4734</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$161.83
3.28	Nonpriority creditor's name and mailing address ReadyRefresh by Nestle P.O. Box 856680 Louisville, KY 40285-6680 Date(s) debt was incurred __ Last 4 digits of account number <u>6890</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$327.33
3.29	Nonpriority creditor's name and mailing address Recycle Revolution LLC Maria Lott 5731 Buffridge Trail Dallas, TE 75252 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$921.28
3.30	Nonpriority creditor's name and mailing address Service Lloyds Insurance Company 6907 Capital of Texas Highway Suite 290 Austin, TX 78731-1795 Date(s) debt was incurred __ Last 4 digits of account number <u>017A</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,109.00
3.31	Nonpriority creditor's name and mailing address SHELL SMALL BUSINESS FLEET CARD WEX BANK PO BOX 6293 CAROL STREAM, IL 60197-6293 Date(s) debt was incurred __ Last 4 digits of account number <u>9786</u>	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$4,513.26
3.32	Nonpriority creditor's name and mailing address Shelton Mead & Shelton PLLC 800 E. Border Street Arlington, TE 76010 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$84.63
3.33	Nonpriority creditor's name and mailing address SHERRY HAYSLIP SMITH 2604 Fairmont St Dallas, TX 75201 Date(s) debt was incurred __ Last 4 digits of account number __	As of the petition filing date, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$120,895.16

Debtor	Eveready Services, Inc.	Case number (if known)	20-30225
Name			
3.34	Nonpriority creditor's name and mailing address Syfer Networks PO Box 1184 Wylie, TX 75098	As of the petition filing date, the claim is: Check all that apply.	\$6,741.81
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.35	Nonpriority creditor's name and mailing address Texas Fire Extinguisher, Inc. 4825 East Grand Avenue Dallas, TX 75223-2909	As of the petition filing date, the claim is: Check all that apply.	\$628.39
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number _____	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.36	Nonpriority creditor's name and mailing address Time Warner Cable P.O Box 60074 City of Industry, CA 91716-0074	As of the petition filing date, the claim is: Check all that apply.	\$354.91
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number <u>7681</u>	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.37	Nonpriority creditor's name and mailing address Uline 12575 Uline Drive Pleasant Prairie, WI 53158	As of the petition filing date, the claim is: Check all that apply.	\$397.80
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number <u>3349</u>	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.38	Nonpriority creditor's name and mailing address VICTORY PACKAGING 1501 Grand River Rd Fort Worth, TX 76155	As of the petition filing date, the claim is: Check all that apply.	\$4,429.87
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number <u>2515</u>	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
3.39	Nonpriority creditor's name and mailing address WC OF TEXAS P.O. BOX 742695 CINCINNATI, OH 45274-2695	As of the petition filing date, the claim is: Check all that apply.	\$1,856.84
	Date(s) debt was incurred _____	<input type="checkbox"/> Contingent	
	Last 4 digits of account number <u>2093</u>	<input type="checkbox"/> Unliquidated	
		<input type="checkbox"/> Disputed	
	Basis for the claim: _____		
	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

Name and mailing address

On which line in Part1 or Part 2 is the related creditor (if any) listed?

Last 4 digits of account number, if any

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

Total of claim amounts

Debtor	<u>Eveready Services, Inc.</u> Name	Case number (if known)	<u>20-30225</u>
5a.	Total claims from Part 1	5a.	\$ <u>1,157,169.79</u>
5b.	Total claims from Part 2	5b.	+ \$ <u>493,620.48</u>
5c.	Total of Parts 1 and 2 Lines 5a + 5b = 5c.	5c.	\$ <u>1,650,790.27</u>

Fill in this information to identify the case:

Debtor name Eveready Services, Inc.

United States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXAS

Case number (if known) 20-30225

Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest

Lease on Building

State the term remaining

**NWP EX TT, LLC
P.O. Box 12580
Newark, NJ 07101**

List the contract number of any government contract

Fill in this information to identify the case:

Debtor name Eveready Services, Inc.

United States Bankruptcy Court for the: NORTHERN DISTRICT OF TEXAS

Case number (if known) 20-30225

Check if this is an amended filing

Official Form 206H
Schedule H: Your Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?

No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.

Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: **Codebtor**

Column 2: **Creditor**

Name

Mailing Address

Name

Check all schedules that apply:

2.1 Allan Hayslip

Bank of America
Business Card

D _____
 E/F 3.3
 G _____

2.2 Allan Hayslip

Internal Revenue Service

D _____
 E/F 2.2
 G _____

2.3 Allan Hayslip

Internal Revenue Service

D _____
 E/F 2.3
 G _____

**United States Bankruptcy Court
Northern District of Texas**

In re **Eveready Services, Inc.**

Debtor(s)

Case No. **20-30225**
Chapter **11**

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$ 6,717.00
Prior to the filing of this statement I have received	\$ 6,717.00
Balance Due	\$ 0.00

2. The source of the compensation paid to me was:

Debtor Other (specify):

3. The source of compensation to be paid to me is:

Debtor Other (specify):

4. I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

February 20, 2020

Date

/s/ Eric A. Liepins

Eric A. Liepins

Signature of Attorney

Eric A. Liepins

12770 Coit Road

Suite 100

Dallas, TX 75251

972-991-5591 Fax: 972-991-5788

eric@ealpc.com

Name of law firm

**United States Bankruptcy Court
Northern District of Texas**

In re Eveready Services, Inc.

Debtor(s)

Case No. 20-30225
Chapter 11

LIST OF EQUITY SECURITY HOLDERS

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
Sherry Hayslip Smith			51%
V.Allan Hayslip			49%

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the **President** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date February 20, 2020

Signature /s/ Allan Hayslip
Allan Hayslip

Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.